

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034475

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2nd Registrar's No. 1463VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>GREENE</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>GREENE</u>                        |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>SPRINGFIELD</u>   |   | c. CITY OR TOWN <u>SPRINGFIELD</u>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>DOA. BAPTIST Hosp.</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>1926 S. MARYLAND</u>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>JOHN</u> Middle <u>A.</u> Last <u>ZUMWALT</u>   |   | 4. DATE OF DEATH <u>SEPT. 29, 1962</u>  |   |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>2/4/1900</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>REAL ESTATE SALESMAN</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>REAL ESTATE</u>   |   |
| 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   |
| 13a. FATHER'S NAME<br><u>Soloman Zumwalt</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Grace Bennett</u>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Susie E. Zumwalt</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes WWI</u>                               |   |
| 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardiac arrest</u><br>DUE TO (b) <u>ASIA &amp; Aortic Valvular Stenosis</u><br>DUE TO (c) <u>1 yr</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   | 17. INFORMANT<br>Address<br><u>Susie E. Zumwalt (Wife) Springfield, Mo.</u>   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour <u>12:10</u> a.m. <u>12:10</u> p.m.<br>Month, Day, Year <u>May 1962</u>   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br><u>SPRINGFIELD, MO.</u>   |   |
| 21. I attended the deceased from <u>May 1962</u> to <u>9-29-62</u> and last saw him alive on <u>9-29-62</u><br>Death occurred at <u>DOA. AT 12:10 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE<br><u>Thomas Cochran M.D.</u> (Degree or title)  |   |
| 22b. ADDRESS<br><u>1211 S. GLENSTONE SPRINGFIELD, MO.</u>   |   | 22c. DATE SIGNED<br><u>10/8/62</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>10/3/62</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>National Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Springfield, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>KLINGNER MORTUARY</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>SPGFD. MO. 10-9-62</u>   |   |
| 26. REGISTRAR'S SIGNATURE<br><u>Effie E. Minton</u>   |   |   |   |

JC

(Licensed Embalmer's Statement on Reverse Side)

Thomas Cochran M.D.  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 11 1962

OCT 11 1962

OCT 19 1962

Permit 18-1-6 E

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Klingman Jr  
Licensed Embalmer No. 5102

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.